MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 82-a

CERTIFICATE OF DEATH

11215

Reg. Dist. No. 2-65

WITHIN CORPORATE LIMITS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Crisfield

City or town: ~~Rural~~ Crisfield

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): 16 yrs

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Crisfield Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: ? Locust Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Emma Sue Adkins

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife: William Adkins (deseased)

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): March 17 1883

8. AGE: Years	Months	Days	If less than one day
56	7	28	____ hrs. ____ min.

9. Birthplace: ? Accomac Virginia (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business:

FATHER — 12. Name: William Hundley

13. Birthplace: ? Virginia

MOTHER — 14. Maiden name: Margaret Evans

15. Birthplace: ? Virginia

16. Informant: Mrs Reeves Gandy

Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 17 1939 (month) (day) (year)

Cemetery or crematory: Crisfield cemetery

Location: Crisfield Md

18. Funeral director: John A Bradshaw

Address: Crisfield Md

19. Nov 17 1939 (Date rec'd by registrar) L E Laws Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 15, 1939, at 12 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 15, 1939, to Nov. 15, 1939, and that I last saw her alive on Nov. 15, 1939

Immediate cause of death	Appoplexy	DURATION 1 hr.
Due to	High blood pressure	
Due to		
Other conditions	None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: L. Alexander Ross M.D.

M. D. or other

Address: Crisfield Date signed 11-17-39

RECEIVED
DEC 5 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 37-C

11216

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset

City or town Alms House
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Princess Anne Rural

Stay in hospital or inst. (yrs., or mos., or days) Alms House

Stay in this community (yrs., or mos., or days) 8 mo.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State _____ County _____

City or town unknown Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)

Street No. _____
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME Henry Bivins

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: unknown

6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.): unknown

8. AGE: Years about 54 | Months | Days | If less than one day _____ hrs. _____ min.

9. Birthplace West Virginia
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden name
15. Birthplace

16. Informant John Parks.
Address Princess Anne, Md.

17. Alms House Date thereof 11/30/39
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Alms House

Location Somerset Co. Md.

18. Funeral director John Parks (Keeper)
Address Pr Anne Md

19. Nov. 30 1939 T. Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30th 1939, at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1st 1939, to Nov 30th 1939, and that I last saw him alive on Nov. 25th 1939.

Immediate cause of death: Carcinoma of Prostate gland. | DURATION: 6 mo. a longer.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 8 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide none Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE Sher. B. Whale M.D.
M. D. or other
Address Princess Anne Date signed 11/30/39

RECEIVED
DEC 7 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11217

(81)

1. PLACE OF DEATH

County Somerset Registration Dist. No. 263

Village or City Mt Vernon No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Dowwah Bardley If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Fem	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Prostow Bardley

6. DATE OF BIRTH (month, day, and year) July 10 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. General House work

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Princess Anne (State or country) Somerset Co. Md.

FATHER

13. NAME Martin Jones

14. BIRTHPLACE (city or town) Dames Quarter, Md. (State or country)

MOTHER

15. MAIDEN NAME Julia Pinkett

16. BIRTHPLACE (city or town) Mt Vernon, Md (State or country)

17. INFORMANT Wm Gale (Address) Mt Vernon Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Vernon Date Nov. 29, 1939

19. UNDERTAKER Edwin Jones (Address) Princess Anne Md

20. FILED Nov. 27, 1939 Stephen Hopkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. (Month) 26 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1939, to Nov 26, 1939.

I last saw h alive on Nov 24, 1939; death is said to have occurred on the date stated above, at 10:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Progressive Bulbar Paralysis	Ap. 39

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Edna E. Marksmore M. D.

(Address) Princess Anne, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11218

(120)

Reg. Dist. No. 220

OUTSIDE CORPORATE LIMITS OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: McCready Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days): 2 weeks

Stay in this community (yrs., or mos., or days): 13 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME: Janie Carter

3. (b) Social Security Number: 214-03-7549

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Col	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 15 1906

8. AGE: Years	Months	Days	If less than one day
33	8	22	hrs. min.

9. Birthplace: Deals Island Somerset Md
(Town, county, and state)

10. Usual occupation: Crab Picker

11. Industry or business: Sea Food

FATHER
12. Name: Marcillus Carter
13. Birthplace: Deals Island Md

MOTHER
14. Maiden name: Lily V Spot
15. Birthplace: Deals Island Md

16. Informant: Magline Horsey
Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 28 1939 (month) (day) (year)

Cemetery or crematory: Deals Island Colored cem.

Location: Deals Island Md

18. Funeral director: John A Bradshaw

Address: Crisfield Md

19. Nov. 27 1939 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 26 1939, at M

21. I CERTIFY that death occured on the date above stated; that I attended deceased from Oct 28 1939, to Nov 26 1939 and that I last saw h[illegible] alive on Nov 25 1939.

	DURATION
Immediate cause of death: Ulcerative colitis	
Due to	
Due to	
Other conditions: death gotten sudden Colitis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: C. L. Somers M. D. or other

Address: Crisfield Md Date signed 11-27-39

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186-a)

11219

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset

City or town Princess Anne

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Princess Anne County Somerset

City or town Princess Anne Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Carl Carbon

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of husband or wife Gertrude Carbon

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April — 1888

8. AGE:

Years	Months	Days	If less than one day
51	8		____ hrs. ____ min.

9. Birthplace Pinewaine (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name John B C Carbon

13. Birthplace Worcester Co.

MOTHER

14. Maiden name Lizzie Carbon

15. Birthplace West Pa Pinewaine

16. Informant Fillmore C Carbon

Address Pinewaine Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-15-39 (month) (day) (year)

Cemetery or crematory Greenwood Cemetery

Location Princess Anne Md

18. Funeral director William James & Son

Address Pinewaine Md

19. Nov 15th 1939 (Date rec'd by registrar) J Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 11 1939, at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death Broken neck (fell down stairs)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 11/11/39

Where did injury occur? Princess Anne (City or town) Somerset (County) Md (State)

Injured at home, farm, industry, public place (where?) At home

Means of injury Injured at work?

23. SIGNATURE Henry M. Lankford M. D. or other

Address Princess Anne Date signed 11/7/39

HENRY M. LANKFORD M.D. Deputy Medical Examiner for Somerset County

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8271)

CERTIFICATE OF DEATH

11220

Reg. Dist. No. 262

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Somerset

City or town Rural Near Princess Anne
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 13 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Somerset

City or town Rural near Princess Anne Street No. Dublin
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Dublin
(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME Clarence Edward Corbger

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Griffith Burlin Corbger

6(c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1883

8. AGE:

Years	Months	Days	If less than one day
56	3	2	____hrs. ____min.

9. Birthplace Mansfield West Va.
(Town, county, and state)

10. Usual occupation Farming

11. Industry or business

FATHER

12. Name Pleasant Corbger

13. Birthplace West Va.

MOTHER

14. Maiden name asthenia ?

15. Birthplace ?

16. Informant Martin Corbger

Address Princess Anne, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-14-39 (month) (day) (year)

Cemetery or crematory Quantico Cemetery

Location Costen Station, Md

18. Funeral director John A. Linthicum

Address Salisbury, Md.

19. Nov 14 1939 (Date rec'd by registrar) Mrs. Clayton Davis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 11th 1939, at 9:00 P.M.

I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 5th 1936, to Nov. 11th 1939

and that I last saw him alive on Nov. 11th 1939

	DURATION
Immediate cause of death Cerebral Hemorrhage	11/11/39
Due to Hypertension	3 yrs. Oct. 5th, 1936
Due to	
Other conditions Cerebral Hemorrhage	3/25/38

(Include pregnancy within 3 months of death)

Major findings:

20 operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas. B. Wheatley M.D.
M. D. or other

Address Princess Anne Date signed 12/13/39

RECEIVED
DEC 5 1908
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11221

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset

City or town Princess Anne

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Princess Anne Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Alfred Grobaum

3. (b) Social Security Number Not known

4. Sex Male

5. Color or race Colored

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not known

8. AGE: Years About 50 | Months | Days | If less than one day hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Not known

13. Birthplace

MOTHER 14. Maiden name Not known

15. Birthplace

16. Informant Toni Tilghman

Address Princess Anne M.D.

17. Burial (Burial, cremation, or removal, which?) Date thereof Nov 15 - 39 (month) (day) (year)

Cemetery or crematory West Point of Pine

Location Somerset County

18. Funeral director William Jones & Son

Address Princess Anne

19. Nov 15 1939 (Date rec'd by registrar) T. J. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 12 1939, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Acute myocarditis

Due to ✓

Due to ✓

Other conditions ✓

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy ✓

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Henry M. Lankford M.D. M. D. or other

Address Princess Anne Md Date signed 11/14/39

HENRY M. LANKFORD M.D. Deputy Assistant Examiner Somerset County

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 8 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48)

11222

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset

City or town Princess Anne, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Beckford Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Princess Anne Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Margaret Elizabeth Hancock

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William A. Hancock

6(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.): February 23, 1889

8. AGE: Years 50 | Months 9 | Days 8 | If less than one day ___ hrs. ___ min.

9. Birthplace: Princess Anne, Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Housework

FATHER
12. Name: H. H. Carrollul
13. Birthplace: Kent Co. Delaware

MOTHER
14. Maiden name: Margaret E. Reynolds
15. Birthplace: Smyrna Landing, Del.

16. Informant: William Hancock
Address: Princess Anne, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 22, 1939 (month) (day) (year)

Cemetery or crematory: Episcopal Cemetery

Location: Princess Anne, Md.

18. Funeral director: Dale Hashiell
Address: Princess Anne, Md.

19. Nov. 20, 1939 (Date rec'd by registrar) 19 [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 20th 1939, at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1st 1939, to Nov. 20th 1939, and that I last saw her alive on July 20th 1939.

Immediate cause of death: Carcinoma of cervix

DURATION: 8 mo.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Princess Anne Date signed: 11/21/39

RECEIVED
DEC 7 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11223

1. PLACE OF DEATH (93-C)

County Somerset County Registration Dist. No. 268

Village or City Deals Island No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mellissa Horner If U. S. Veteran, specify WAR

(a) Residence: No. Deals Island St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Horner

6. DATE OF BIRTH (month, day, and year) Jan 22, 1859

7. AGE Years 80 Months 9 Days 26 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) Deals Island (State or country)

FATHER

13. NAME Wesley Webster

14. BIRTHPLACE (city or town) Deals Island (State or country)

MOTHER

15. MAIDEN NAME Drusilla Webster

16. BIRTHPLACE (city or town) Deals Island (State or country)

17. INFORMANT Emma Webster (Address) Deals Island Md.

18. BURIAL, CREMATION, OR REMOVAL Place Deals Island Md Date Nov 17, 1939

19. UNDERTAKER F. T. Webster (Address) Deals Island Md.

20. FILED Nov 16th, 1939 Rosa Webster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 14 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1939, to Nov 14, 1939

I last saw her alive on Nov 14, 1939; death is said to have occurred on the date stated above, at 11 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	Nov 1939
Axillary Artery Thrombosis (right)	Nov 10 '39

Other Contributory Causes of Importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Victor L. Spencer M. D.

(Address) Deals Island

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED DEC 5 1927 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

11224

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46B)

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
County Somerset
City or town Crisfield, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Somerset
City or town Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Peter Bernard Hoxter,

3. (b) Social Security Number 25-05-5422

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Charlotte A. Haxter
6(c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.): Oct. 27th 1872

8. AGE: Years 67 | Months | Days 28 | If less than one day ___ hrs. ___ min.

9. Birthplace: Baltimore Md.
(Town, county, and state)
10. Usual occupation: Worker in Lime Plant
11. Industry or business: Poultry Food & Sheel Lime

FATHER
12. Name: Henry Haxter
13. Birthplace: Germany

MOTHER
14. Maiden name: Cette Srantor
15. Birthplace: Hungary

16. Informant: Mrs. Charlotte A. Haxter
Address: Crisfield, Md.

17. (Burial, cremation, or removal. Which?) Date thereof Nov 25/39 (month) (day) (year)
Cemetery or crematory: Crisfield Cemetery
Location

18. Funeral director: F. S. Lawson & Son.
Address: Crisfield, Md.

19. Nov. 24, 39 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 22 1939, at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 31st 1939, to Nov 22 1939, and that I last saw him alive on Nov 21st 1939.

Immediate cause of death: Carcinoma of Stomach

Due to

Due to

Other conditions: Metastasis to Liver

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. J. Somers M. D. or other
Address Crisfield, Md Date signed 11-25-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 1 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11225

82-a

1. PLACE OF DEATH

County Somerset Registration Dist. No. 260

Village or City Princess Anne No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Robert H. Johnson If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Della Johnson

6. DATE OF BIRTH (month, day, and year) Mch 7 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) Not known (State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not known (State or country)

17. INFORMANT David Johnson (Address) Chester, Penna.

18. BURIAL, CREMATION, OR REMOVAL Place Princess Anne, Md Date Nov. 21, 1939

19. UNDERTAKER William James & Son (Address) Princess Anne, Md

20. FILED Nov. 18, 1939 T J Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 17 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ----------, 19--, to ----------, 19--

I last saw ~~h~~ alive on ----------, 19--; death is said to have occurred on the date stated above, at 7 A.M. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) Princess Anne, Md

HENRY M. LANKFORD, M.D. Deputy Health Officer for Somerset County

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED DEC 7 1928 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

11226

CERTIFICATE OF DEATH

Reg. Dist. No. 263

1. PLACE OF DEATH:

County Somerset

City or town Princess Anne (Rural)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) all life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Rural. Rt. #2 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Mt. Vernon
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Jones

3. (b) Social Security Number no

4. Sex Female

5. Color or race colored

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife James Jones

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 91 | Months | Days | If less than one day hrs. min.

9. Birthplace Mt. Vernon - Somerset Co.
(Town, county, and state)

10. Usual occupation Housework.

11. Industry or business own home

FATHER
12. Name Daniel Waters.
13. Birthplace Somerset Co.

MOTHER
14. Maiden name Leah Waters
15. Birthplace Somerset Co.

16. Informant Edwin Jones

Address Princess Anne Route #2

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Nov. 26. 1939
(month) (day) (year)

Cemetery or crematory Polk. Road

Location Rural Route. #. 2

18. Funeral director Edwin Jones

Address Pr. Anne. Md. Rt #. 2

19. Nov. 26 1939. Stephen O. Hopkins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 24th 1939, at 12 noon

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dead on arrival 19

and that I last saw her alive on June 1938.

Immediate cause of death Generalized arterial sclerosis

Due to Senility

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy none

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas. B. Wheeley M.D.
M. D. or other

Address Princess Anne Date signed 11/26/39

this was over 1 or 2 last month

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131)

CERTIFICATE OF DEATH

11227

Reg. Dist. No. 247

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Somerset
City or town Deals Island Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 60 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Deals Island Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Robert B. Messick

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary Messick
6(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) March 20 - 1870

8. AGE: Years	Months	Days	If less than one day
69	8	7	hrs. min.

9. Birthplace Deals Island Md
(Town, county, and state)
10. Usual occupation Sailor
11. Industry or business Oyster Creek
FATHER 12. Name Nehemiah Messick
13. Birthplace Deals Island Md
MOTHER 14. Maiden name Susan Watson
15. Birthplace Monie Md
16. Informant Mary Messick
Address Deals Island
17. Nov 29 1939 Date thereof
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Giles Cemetery
Location Deals Island Md
18. Funeral director H. Gladden
Address Deals Island Md
19. Nov 29 1939 Wm. W. S. Kelly
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 27 1939, at 4P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 27 1939, to Nov 27 1939, and that I last saw him alive on Nov 27 1939

Immediate cause of death	Uremia	DURATION 3 days
Due to	Chronic Nephritis	
Due to		
Other conditions	Chronic Myocarditis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Victor L. Stanton M.D.
M. D. or other
Address Deal Island Date signed 12-1-39

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JAN 8 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

'11228

MARGIN RESERVED FOR BINDING

NOTE—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (158)

County Somerset Registration Dist. No. 262

Village or City Pocomoke City Rt 1 No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Alonzo T. Mills Jr If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 15, 1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Alonzo T. Mills

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Tulpin

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Alonzo T. Mills

(Address) Pocomoke City, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Christ M. E. Cemetery Date Nov 9, 1939

19. UNDERTAKER Alonzo T. Mills, Sr

(Address) Pocomoke City, Md

20. FILED Nov 9, 1939 Mrs. Clayton Wards Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 8 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at 4.45 P m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Starvation from improper feeding	
Other **Contributory Causes** of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Murrill Lewis Jones M. D.

(Address) Pocomoke City Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED DEC 5 1930 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

11229

OUTSIDE CORPORATE LIMITS OF (159)

1. PLACE OF DEATH

County Somerset Registration Dist. No. 270

Village or City Crisfield RD No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nelson (Taylor) If U. S. Veteran, specify WAR

(a) Residence: No. Crisfield RD Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	W	Adopt

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 22, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	—	24 12 hrs	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Adopt

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Crisfield RD Md (State or country)

FATHER

13. NAME Thermau Taylor

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Margaret Nelson

16. BIRTHPLACE (city or town) Crisfield Md (State or country)

17. INFORMANT Margaret Nelson Hopewell Rd (Address) Crisfield RD Md

18. BURIAL, CREMATION, OR REMOVAL

Place Date , 19

19. UNDERTAKER J. F. Nelson (Address)

20. FILED Nov. 26, 1939 C. E. Collins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov 25 (Month) (Day) , 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1939, to Nov 25, 1939

I last saw her alive on Nov 24, 1939; death is said to have occurred on the date stated above, at 11 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Premature baby about 7 mths	

Other Contributory Causes of Importance:

Premature 7 months

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George C. Collins M. D.

(Address) Marion Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(I)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED DEC 5 1929 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-2)

11230

CERTIFICATE OF DEATH

Reg. Dist. No. 262

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Somerset
City or town Mt Vernon R.F.D #2
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 5-0 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Mt Vernon Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Henry Parks

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife Lucy Virginia Parks
6(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) January 14 1875

8. AGE:

Years	Months	Days	If less than one day
64	10	13	hrs. min.

9. Birthplace Mt Vernon Somerset Co. Md.
(Town, county, and state)
10. Usual occupation watermen
11. Industry or business Oyster Tonger
FATHER 12. Name John Parks
13. Birthplace Mt Vernon Md
MOTHER 14. Maiden name Sarah L. Whitelock
15. Birthplace Chance Md.
16. Informant Mrs. Lucy Parks
Address Mt Vernon Md R.F.D #2
17. Burial Date thereof Nov 28 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Asbury Cemetery
Location Mt Vernon Md.
18. Funeral director Dale Dashiell
Address Princess Anne Md.
19. Nov. 28 1939 Stephen O. Hopkins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

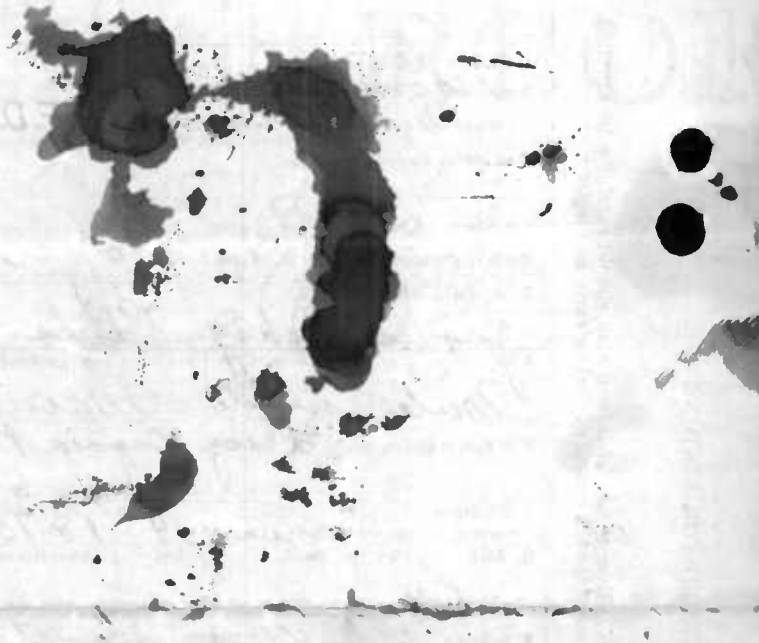
20. DATE OF DEATH Nov. 27th 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19;
and that I last saw h alive on 19.
Immediate cause of death Cerebral Hemorrhage — DURATION 3 Days
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE L. Smith M.D. M. D. or other
Address Princess Anne Md Date signed 11/28/39



OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

11231

CERTIFICATE OF DEATH

Reg. Dist. No. 278

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Main St Extended
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 49-0-3

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Main St Extended
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR: World War

3. (a) FULL NAME: Weldon Purnell

3. (b) Social Security Number: 216 10 8148

4. Sex: M
5. Color or race: W
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Eva Purnell
6 (c) If alive, give age: / years
7. Birth date of deceased (mo., day, yr.): Nov 14 1890
8. AGE: Years 49 Months 0 Days 3 If less than one day ___ hrs. ___ min.
9. Birthplace: Crisfield, Somerset, Md (Town, county, and state)
10. Usual occupation: Machinist
11. Industry or business: Mfg. Plant.
FATHER 12. Name: R Edward Purnell
13. Birthplace: Crisfield Md
MOTHER 14. Maiden name: Bertie Elliott
15. Birthplace: Crisfield Md
16. Informant: Mrs Eva Purnell
Address: Crisfield Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 19 1939 (month) (day) (year)
Cemetery or crematory: Crisfield Cemetery
Location: Crisfield Md
16. Funeral director: John A Bradshaw
Address: Crisfield Md
19. Nov. 18, 1939 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 17 1939, at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1939, to Nov 17 1939, and that I last saw h[illegible] alive on Nov 17 1939.

Immediate cause of death: Apoplexy
Chronic Bronchitis
Due to Arteriosclerosis
Due to Myocarditis
Cardio Renal Vascular
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: No operations
Of autopsy: No autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: R R Norris M. D. or other
Address: Crisfield Date signed: 11/21/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11232

CERTIFICATE OF DEATH

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Somerset

City or town Princess Anne R D

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: McCready Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days) Dead Born.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Somerset Co

City or town Princess Anne R D Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME (Palmer or) Deglues

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col	Infant

6 (b) Name of husband or wife Infant

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not born.

8. AGE: Years	Months	Days	If less than one day
Infant			hrs. min.

9. Birthplace McCready Hosp Cusp Incorp

(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name Thomas Palmer

13. Birthplace Md

MOTHER 14. Maiden name Kallen Deglues

15. Birthplace Md.

16. Informant Kallen Deglues

Address Princess Anne Md

17. Burial Date thereof Dec 29 1939

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St Mary's Dublin Dist

Location Somerset Co.

18. Funeral director Wm James Tilghman

Address Princess Anne Md.

19. Dec 29 1939 D Smith

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19,

and that I last saw h alive on 19,

Immediate cause of death	DURATION
Dead Born	
Breech Presentation	
Due to Contracted Pelvis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George E Coulbourn M D

M. D. or other

Address Marion Md. Date signed

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11233

Reg. Dist. No. 270

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Somerset
City or town Crisfield, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Rural near Crisfield
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Somerset
City or town Rural near Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sallie Marie Sterling

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife H. Columbus Sterling
6(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Feb. 10th 1872

8. AGE:

Years	Months	Days	If less than one day
67	9	18	hrs. min.

9. Birthplace Crisfield, Md.
(Town, county, and state)
10. Usual occupation Housekeeping
11. Industry or business

FATHER
12. Name Noah Riggin
13. Birthplace Md.

MOTHER
14. Maiden name Louisa Wilson
15. Birthplace Md.

16. Informant Mrs. Louise Cullin
Address Crisfield, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 30th 1939 (month) (day) (year)
Cemetery or crematory Asbury Cemetery
Location Rural F Crisfield, Md.

18. Funeral director F. S. Lawson & Son
Address Crisfield, Md.

19. Nov. 29, 1939 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28th 1939, at 6:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 30 1939, to Nov. 28 1939, and that I last saw h-r alive on Nov. 27 1939.

	DURATION
Immediate cause of death Bronchopneumonia (Final disease) due to Arteriosclerosis	1 month
Due to	
Due to	
Other conditions Arteriosclerosis	4 years
Polycythaemia Vera	14 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Sarah M. Peyton M.D.
M. D. or other
Address Crisfield, Md. Date signed Nov. 28 1939

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

11234

Reg. Dist. No. 263

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County [redacted] Somerset

City or town Mt Vernon R.F.D. #2

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 64 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Somerset

City or town Mt. Vernon Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Revelle Williams

3. (b) Social Security Number No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Married.

6 (b) Name of husband or wife Vidia Williams

6(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) March 24th 1875

8. AGE:

Years	Months	Days	If less than one day
64	8	9	____ hrs. ____ min.

9. Birthplace Mt Vernon, Somerset, Md. (Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Cook on freight boat

FATHER 12. Name Jessie Williams

13. Birthplace Mt Vernon

MOTHER 14. Maiden name Lucy Simms

15. Birthplace Mt Vernon

16. Informant Mrs. Brice Williams

Address Princess Anne R.F.D. #2 Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 4, 1939 (month) (day) (year)

Cemetery or crematory Asbury cemetery

Location Mt Vernon Md.

18. Funeral director Dale Dashiell

Address Princess Anne Md.

19. Nov. 4. 1939 (Date rec'd by registrar) Stephen O. Hopkins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2nd 1939, at 11 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 25th 1939, to Nov 2nd 1939, and that I last saw him alive on Nov. 1st 1939.

	DURATION
Immediate cause of death Ch. Myocardial Failure	
Ch. Nephritis	
Due to Arterio Hypertension	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Thos. B. Whaley M.D. M. D. or other

Address Princess Anne Date signed 11/3/39